

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Ar</i>	<i>62814</i>	<i>3/2/00</i>
O.I.P.E. CLASSIFIER		<i>12</i>	<i>3/1/00</i>
FORMALITY REVIEW		<i>71000</i>	<i>5/1/00</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	3.31.03
2	✓	✓	3.4.03
3	✓	✓	4.29.04
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
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48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
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Claim	Final	Original	Date
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REST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here